

Anterior and Lateral Chest Massage

Preamble

The issues surrounding the applications of anterior and lateral chest massage are numerous. They include legal, medical, therapist training and protection of the consumer. Massage & Myotherapy Australia (Association) receives ethical complaints in relation to anterior and lateral chest massage which, at times, are difficult to resolve based on inadequate information, inconsistent practice, and poor therapist/client communication.

Aim

This position statement is to serve as a context for therapists who perform anterior and lateral chest massage and to provide a platform from where the National Ethics Committee (NEC) can make an informed determination in relation to any complaints that arise. This position statement should be read in conjunction with the Association Code of Ethics and Standards of Practiceⁱ and Anterior and Lateral Chest Massage Guidelinesⁱⁱ.

The Company Board of Directors serves to protect both the membership and the public by adopting this position statement which is resolutely linked to the overall position statement of informed consentⁱⁱⁱ.

Process

Massage of the anterior and lateral chest is often included as part of the massage sequence taught by a Registered Training Organisation (RTO) within the Health Training Package (HLT) in the Certificate IV and the Diploma Remedial Massage qualifications, the Advanced Diploma of Myotherapy and the Bachelor degrees. It is also included in specific modalities at more depth so as to address specific musculoskeletal and lymphatic disorders as well as in traditional Eastern sequences.

It is the position of the Association that Massage Therapists must have additional specialised training in lymphoedema management before performing anterior and lateral chest manual lymphatic drainage (MLD) on clients who present with lymphoedema of the trunk, breast or upper limbs.

Professional massage therapists should never, under any circumstance, proceed with treatment to any area of the body without first obtaining written "informed consent" having provided the client with information about why and how the treatment will be performed^{iv}. The standard is for therapists to gain written consent at every treatment however, documented verbal consent will suffice unless the treatment is vastly different.

The client is free to revoke consent at any stage during the massage. Under no circumstance are the areola or nipples to be touched or stimulated, regardless of technique or modality.

Appropriate draping^v is to be utilised during anterior and lateral chest massage treatment. The Association recommends that to avoid discrimination it is suggested that a client's anterior and lateral chest be covered when not being treated with a towel, sheet or sarong.

Prior to any treatment, massage therapists should clearly explain what the session will entail. If the treatment requested or required is outside the therapist's scope of practice, they must refer the client to the appropriate health practitioner who have completed ongoing studies in conditions affecting the anterior and lateral trunk, or complete decongestive therapy (CDT) specialised Physiotherapists.

Massage & Myotherapy Australia's Position Statement advises that treatment of the anterior and lateral chest region may include soft tissue treatment of the pectoralis minor, pectoralis major, serratus anterior, subscapularis, scalenes, sternocleidomastoid, sternalis, subclavius, anterior deltoid, intercostal muscles, latissimus dorsi and the superficial fascia of the sternum.

ⁱ Massage & Myotherapy Australia Code of Ethics and Standards of Practice

ⁱⁱ Massage & Myotherapy Australia Practice Guidelines for Anterior and Lateral Chest Massage

ⁱⁱⁱ Massage & Myotherapy Australia Anterior and Lateral Chest Massage Consent Form

^{iv} Massage & Myotherapy Australia Position Statement - Informed Consent

^v Massage & Myotherapy Draping and Positioning Guidelines